

POSITION	ID NO.	DATE
CLASSIFIER	416	19
EXAMINER	CXW	7/30/93
TYPIST	JPM	8/23
VERIFIER	BS 7/8-08	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	6/2
2	7/11/93
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SYMBOLS

✓	Rejected
■	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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